

NJ Department of Labor & Workforce Development Division of Wage and Hour Compliance PO Box 389 Trenton, New Jersey 08625-0389	Tel. No. (609) 292-2305 Fax No. (609) 695-1174 wagehour@dol.state.nj.us	Case Number (for state use only):
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Instructions: Complete both sides of this form and answer all questions. Please type or print legibly. Attach any documentation you may have that supports your complaint. Mail, fax, or e-mail all documentation to the address shown above.

Acceptance of this claim by the Department does not imply that the employer is in violation of any law or regulation on mandatory overtime restrictions for health care facilities.

MANDATORY OVERTIME COMPLAINT FORM

I request the Commissioner of Labor and Workforce Development to investigate the claim indicated by the information supplied in this complaint and advise me of the results of the investigation. Please note that you may attach additional sheets in order to supply the Department with detailed explanations of the questions contained in this form.

1. Name (Last) (First) (Initial)	3. Social Security Number
2. Address	4. Telephone No. ()
City State Zip Code	5. Daytime Telephone No. or No. Where Message Can Be Left ()
6. Are you involved in direct patient care activities or clinical services? <input type="checkbox"/> Yes <input type="checkbox"/> No Briefly describe your job duties:	Occupation and Job Title:

7. Are you an hourly employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your hourly rate of pay? \$ _____ per hour
8. Name of Employer
9. Employer Street Address
City State Zip Code County Telephone No.
10. Employer Mailing Address (if different than item 9)
11. Nature of Employer's Business:

MANDATORY OVERTIME INFORMATION

12. For each incident for which you had to work mandatory overtime, provide the date, the hours you were originally scheduled to work, and the overtime hours you were required to work.						
Date(s)	Original Schedule			Mandatory Overtime		
	Start Time	End Time	Total Hrs.	Start Time	End Time	Total Hrs.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

13. Did you volunteer to work overtime or did you agree to be on-call? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (attach additional sheets if necessary):
14. Were you participating in a surgical or therapeutic interventional procedure during which it would have been detrimental to the patient if you had left? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (attach additional sheets if necessary):

15. Did your employer explain the reason for the mandatory overtime? If yes, what reason was given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Was the overtime required due to an unforeseeable circumstance? If yes, what were the circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
17. Do you believe the overtime was required due to vacancies resulting from chronic staffing shortages? If yes, please explain and attach any supporting documentation:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
18. Was the overtime required due to any declared national, State, or municipal emergency or disaster or other catastrophic event? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
19. Was the overtime required because your employer activated its emergency or disaster plan? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
20. Depending on the reason for the mandatory overtime, your employer may have been required to exhaust reasonable efforts to obtain staffing. Please answer the following questions to the best of your knowledge:	
a. Did your employer ask for volunteers to work overtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
b. Did your employer contact employees who made themselves available to work extra time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
c. Did your employer contact per diem staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
d. Did your employer contact a temporary agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
e. Did your employer provide you with any documentation which demonstrates their efforts to obtain staffing? If yes, attach a copy of the documentation to this form.	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Prior to working the required overtime, did your employer provide you with the necessary time, up to a maximum of one hour, to arrange for the care of your minor children or elderly or disabled family members?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
If no: List the individuals (include ages of minor children) who required care arrangements: <div style="margin-left: 40px;">How much time did your employer give you to make care arrangements?</div> <div style="margin-left: 40px;">How much time did you need to make the arrangements?</div>	
22. Please use this space to provide any additional information you may have regarding this complaint. Attach any documentation you may have that supports your complaint.	
23. Under the provisions of N.J.S.A. 47:1A-1, et seq., Chapter 404, P.L. 2001, commonly known as the Open Public Records Act, all government records are subject to public access unless exempt from such access by provision of the Act or other statutory mandate. Therefore, I hereby understand the New Jersey Department of Labor and Workforce Development, Division of Wage and Hour Compliance, may release my identity as a result of its investigation under legally appropriate standards.	
Signature _____	Date _____